

FILED AUG 7 1957				STANDARD CERTIFICATE OF DEATH				22496 STATE FILE NUMBER			
Registration District No. <u>27</u>				Primary Registration District No. <u>3005</u>				Registrar's No. <u>81</u>			
1. PLACE OF DEATH a. COUNTY <u>Bates</u>						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Montrose</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Hosp.</u>				Length of stay in lb <u>13 days</u>		d. STREET ADDRESS <u>Rt. 3</u>				Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Esta</u> Middle <u>P.</u> Last <u>Poindexter</u>						4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1957</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-15-1888</u>		9. AGE (In years last birthday) <u>69</u>		F UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Johnstown, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>George W. Callahan</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Ramsey</u>				14. NAME OF HUSBAND OR WIFE <u>LeRoy Poindexter</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>LeRoy Poindexter Montrose, Mo. RT3</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized metastatic</u> <u>Carcinoma liver & Abdomen</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>+ Chast primary Adeno. Car-</u> DUE TO (c) <u>cinoma Breast</u>										INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo. 3.</u> <u>3 Weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170X</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour <u>3:15</u> Month <u>July</u> Day <u>28</u> Year <u>1957</u> a.m. <u>P.</u> p.m.											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>March 20, 1957</u> to <u>July 28, 1957</u> and last saw her alive on <u>July 28, 1957</u> Death occurred at <u>3:15 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Esther W. Kuter M.N.</u>						22b. ADDRESS <u>Butler, Mo</u>			22c. DATE SIGNED <u>7-30-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-30-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Johnstown Cem.</u>				23d. LOCATION (City, town, or county) <u>Johnstown, Mo.</u>			
24. FUNERAL DIRECTOR <u>Culver-Underwood</u>				ADDRESS <u>Butler, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-30-1957</u>		26. REGISTRAR'S SIGNATURE <u>Rendall Perry</u>			

AUG 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Robert G. Steinbeck

- Licensed Embalmer No. 4657
P. O. Address Butler, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. -

If this body is not embalmed, fact should be so stated above.